

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS/SEP 7 1960

-60-033171

ENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2527 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY St Louis					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Length of stay in 1b 1 wk		c. CITY OR TOWN Overland		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Louis Co Hosp			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2430 N & S Rd		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last ANITA AHRENS				4. DATE OF DEATH Month Day Year 8 23 1960					
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 1/4/1913		9. AGE (last birthday) 47	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Henry Kleges			13b. MOTHER'S MAIDEN NAME Louise Welge			14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Henry Brandhorst 2430 N & S Rd				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) hepatic coma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Lammec's cirrhosis DUE TO (c) Chronic alcoholism PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal phase condition given in PART (a) gastric ulcer PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N- <input checked="" type="checkbox"/> Unknown								INTERVAL BETWEEN ONSET AND DEATH 16. ? ?	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 8-19-60 to 8-23-60 and last saw her alive on 8-23-60 Death occurred at 2:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22. SIGNATURE Robert L. Heuer M.D. (Doctor or title)				22b. ADDRESS 601 S. BREWERWOOD BLVD.				22c. DATE SIGNED 8-23-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/25/60		23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) Normandy Mo		(State)	
24. FUNERAL DIRECTOR Ortmann F Home 9222 Lackland Overland Mo				25. DATE RECD. BY LOCAL REG. 8-25-60		26. REGISTRAR'S SIGNATURE John E. Murphy			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS FEB 24 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Al C. Osterman

Licensed Embalmer No. 3478

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c
with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.